<table>
<tr><td colspan="3">CLAIMS ONLY</td><td colspan="2">Application Number
09/919 162</td><td>Filing Date</td></tr>
<tr><td colspan="3"></td><td colspan="2">Applicant(s)</td><td></td></tr>
</table>

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	1		1				Total Indep						
Total Depend	16		7				Total Depend						
Total Claims	17		8				Total Claims						